

	DIY GROUP, INC. APPLICATION FOR EMPLOYMENT		For Office Use ONLY		
			Application Reviewed		
			Eligible for Rehire		
We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employee services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.					
Applicant Name (Last Name, First Name, Middle Initial)					Date
Position Applied For or Type of Work Desired			Shift Preference (Check All You Would Be Willing to Work)		
			1 st Shift _____	2 nd Shift _____	3 rd Shift _____
Social Security #	Date of Birth	Telephone Number		Preferred Work Status	
				Full time _____ Part Time _____	
Street Address		City	State	Zip Code	
Date Available to Start Work		How were you referred to us?			
Please answer the following questions:			YES	NO	
Are you able to meet the attendance requirements?					
Do you have any objection to working overtime if necessary?					
Have you ever been previously employed by our organization?					
Can you submit proof of legal employment authorization and identity?					
If you are under 18, can you furnish a work permit if required?					
** Have you ever been arrested for OR convicted of a crime (felony or misdemeanor) that has not been expunged (sealed) by a court?					
**Are these convictions within the last 7 years?					
** Do you have any criminal charges pending against you?					
** If yes, please explain (a conviction will not automatically bar employment.					
Residences: Please list the past 2 residences where you have lived (do not include the present residence)					
Street		City	State	County	Zip
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Other Skills & Qualifications: Summarize any job-related training, skills, licenses, certifications, and/or other qualifications					
Educational History: List school name and location, years completed, course of study, and any degrees earned.					
High School	College	Technical Training		Other	
References: List 3 reference names, phone numbers, and years known (do NOT include relatives or Employers)					
Name		Phone Number		Years Known	
SEE OTHER SIDE TO FINISH APPLICATION					

Employment History: Please provide all employment information for your past 4 employers starting with the MOST recent					
Employer #1		Address		Telephone Number	
Immediate Supervisor & Title		Dates Employed		Pay Rate	
		To			
Duties:					
Employer #2		Address		Telephone Number	
Immediate Supervisor & Title		Dates Employed		Pay Rate	
		To			
Duties:					
Employer #3		Address		Telephone Number	
Immediate Supervisor & Title		Dates Employed		Pay Rate	
		To			
Duties:					

I hereby authorize the potential employer to complete a comprehensive background investigation. This investigation may include a criminal history, driving record, credit report, social security verification, and reference checks. I understand that they may contact, obtain, and verify the accuracy of information contained in this application from previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization to not refuse to hire or otherwise discriminate against a qualified individual with a disability because of the persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under those conditions.

Applicant Signature

Date